



Self-Employment or Rental Income Worksheet

Applicant's name: _____ I.D. #: _____

Use this form only if you are self-employed or have rental income and you:

- Have not filed a federal income tax return for the business in the last tax year; or
- Haven't been in business for at least 12 months.

If you need to complete this form for more than one business, copy the form and complete a separate form for each business.

Name of business	
Uniform Business Identifier (UBI) number	Date business began
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP (% OF PARTNERSHIP: _____) <input type="checkbox"/> S-CORPORATION	
Reporting period: List calendar months you are reporting since business began _____ thru _____ (such as July 2003 thru Sept. 2003)	

Total number of months for the reporting period shown above: _____ (This section is used to figure a monthly average for the reporting period.)		
	EXPENSES	INCOME
Line 1. Gross income, sales, or rental income		1. \$
Line 2. Cost of goods	2. \$	
Line 3. IRS-allowed expenses* (except depreciation, amortization, and business use of home)	3. \$	
Line 4. One-half self-employment taxes	4. \$	
Line 5. Total allowable expenses (add lines 2, 3, and 4)		
Line 6. Total self-employment profit/loss for months listed above (subtract line 5 from line 1).		6. \$

*IRS-allowed expenses include wages paid for salaries, advertising, car and truck expenses, insurance (non-medical), legal and professional services, rent/lease of business property/equipment, repairs/maintenance, supplies, or other IRS-allowed expenses. **You may be asked to provide proof of income and expenses.**

<p>The information I have given in this form and the documents I'm enclosing are true, correct, and complete to the best of my knowledge. I understand that if I withhold information or give BH false or misleading information, my family and I will lose coverage. BH may also bill me for up to two times the amount the state paid for my family's coverage. If I have given false information, BH may prosecute me for perjury or charge me for services received through fraud. If I am billed for past premiums or penalties but do not pay, the state may refer me for collection or bill my estate.</p> <p style="text-align: center;">Must be signed by you and your spouse (if applicable)</p> <table style="width: 100%;"><tr><td style="width: 33%;">X _____ Your signature</td><td style="width: 33%;">X _____ Social security number</td><td style="width: 33%;">X _____ Date</td></tr><tr><td>X _____ Spouse's signature</td><td>_____ Social security number</td><td>_____ Date</td></tr></table>			X _____ Your signature	X _____ Social security number	X _____ Date	X _____ Spouse's signature	_____ Social security number	_____ Date
X _____ Your signature	X _____ Social security number	X _____ Date						
X _____ Spouse's signature	_____ Social security number	_____ Date						

Privacy Notice: Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's (the agency that administers Basic Health) Privacy Notice is available upon request by calling 360-923-2822 or online at www.hca.wa.gov.